AMERICAN INTELLIGENCE.

ORIGINAL COMMUNICATIONS.

Abdominal Carcinoma resulting in Artificial Anus in the Upper Third of the Ileum. By D. LEASURE, M. D., of New Castle, Pa.—On the 18th of December, 1857, I was called to I. W., bricklayer, aged 43. He informed me that his health had been declining for three or four years; that during a sojourn at the mines in California, six years ago, he was greatly exposed to vicissitudes of weather, with little or no protection, and that a violent sickness ensued, from which he never entirely recovered. Since his return, four years since, he has been troubled with obscure dull pains in his abdomen, with a sense of weight and dragging in his back, which have gone on increasing in intensity, and within the last year sharp lancinating pains have been added to his sufferings, but there has been no diminution of the dull dragging pain, which he describes "as rather a sense of suffering from some internal weight producing inward weariness, than a real pain." His bowels have been obstinately costive, though cathartics would always give temporary relief, to be followed with the same state of constipation as soon as they ceased to operate. His appetite is not good, though he eats with a sufficient relish, and there is no disposition to intolerance of food, nor any nausea. His kidneys are not very active, and there is a good deal of sediment in the urine, which, on examination under the microscope, proves to consist largely of the triple phosphate of lime, and the phosphate of ammonia, with a debris of broken blood globules and disorganized tissues, the precise character of which I am not able to determine, though from the presence of imperfect sections of tubes I infer that it is probably from a kidney, at least in part. He informed me that some ten months since he observed that there was a tumour in his left side, which has rapidly increased in size. On examination, I found a tumour distinctly lobulated and very firm, occupying about one-third of the left sides of the umbilical and hypogastric, and nearly all of the left lumbar and iliac regions. The tumour seemed to have its greatest prominence, about the intersecting point of the dividing lines of these regions, where it was very prominent and quite hard, as if one of the lobes had been thrust forward at that point. There was no tenderness on pressure, and the tumour seemed to be firmly attached, so as to admit of but little motion. The general appearance of the patient was that of a man labouring under a general cachexia, but with no distinct well marked characteristics to determine precisely the nature of the primary mischief. Was this merely a case of general mesenteric disease, with great enlargement of the mesenteric glands, attended possibly by impacted colon, or was it carcinoma? I gave the patient the benefit of the more favourable diagnosis, and completely evacuated the canal by free laxatives, and very copious enemata, with the effect of bringing away about half a gallon of hardened and apparently old scybalæ. The tumour, however, was but little diminished in size, and its outlines could be more distinctly made out. I put him on the use of an iodo-ferruginous medication with no benefit at all, and the case seeming to progress rapidly, with an evident tendency on the part of the tumour to point, as though pushing its way to the surface, I abandoned all treatment, and left the case to nature for some weeks.

About the first of February succeeding, the lancinating pains became insupportable, especially at night, and I was obliged to put him on the use of opiates, which were finally pushed to the extent of an ounce of McMunn's elixir per diem. The tumour still pressed towards the surface, the skin over it became inflamed, and on the 26th of February, finding that there was distinct fluctnation, and an evident disposition on the part of the skin to form a large slough, I passed a small trocar obliquely into the soft portion of the tumour, so as to merely pass through the skin and cellular tissue into the cavity of the abscess, without penetrating to the interior of the abdomen. On withdrawing the trocar, about four tablespoonfuls of pus, and a strong jet of gas escaped through the canula. The canula was withdrawn, and a bread and water poultice laid over the part, and the puncture closed over in two days without any further discharge.

I examined the pus under the microscope, as did also, at my request, Dr. S. M. Hamilton, but we detceted nothing that might not have been found in an ordinary abscess. On the 10th of Mareh the tumour again pointed, and on the 12th it opened spontaneously at the seat of the old puncture, and after discharging pus for three or four days, the contents of the bowel passed through, and as substanees eaten only a short time before passed out at the opening undigested, we had the unpalatable truth forced upon us, that we had to deal with an artificial anus high up in the ilium. From this period, he had no discharge at all from the anus proper, or lower bowel, until at the end of the fifth week he had a small discharge, of which he partially relieved himself with his fingers, but on throwing up a syringe full of warm soap suds, the bowel was emptied without much trouble, and then about every third or fourth day there would be a similar discharge, but it appeared to consist almost entirely, if not altogether, of the secretions of the bowel itself. From this time, also, till the 30th of April, the patient lingered in great suffering, though the tumour did not seem to develope itself anteriorly, and on that day I again punctured the integuments low down in the left iliae region, over a large sac of pus, where it was evident a slough was about to separate unless I did, and after the discharge of about half a pint of pus the contents of the bowel were forcibly ejected, and another artificial anus was established. At this time he was extremely emaciated and harassed with violent paroxysms of coughing. Circulation and innervation have been but little disturbed up to this time, but now he was evidently sinking, and the pulse run up to about one hundred. His intellection was not disturbed even by his large opiates up to within a few hours of his death, which took place on the 4th of May.

Autopsy eighteen hours after death in the presence of Drs. Cossit, Cowden, White, and Peebles. On making the necessary incisions, and deflecting the skin over the left iliac region, a large cavity was exposed partly filled with pus, and the debris of broken-down cellular tissue. Two small apertures opened from this into the intestine, through which the contents of the bowel escaped, on pressure of the abdomen. I now undertook to separate the abdominal fascia from the muscles, but found it almost impossible; for so completely were the parts blended in one common mass, as to form an apparently new tissue, as into this mass the peritoneum had also been forced to enter, and I was obliged to deflect all the abdominal coverings together, in which I could only succeed with much difficulty, for the convolutions of the intestines were firmly agglutinated to each other, and also to the peritoneum, and it was in these extensive adhesions that the two apertures existed communicating between the inner surface of the bowel and the surface of the skin constituting the artificial ani. Having entirely ex-

posed the cavity of the abdomen, it was found to contain several pints of a light coloured whey like fluid: and a large and firm tumour occupying the entire left side of the abdomen in its whole length, and including in itself the duodenum, jejunum, and about one-third of the ileum, with the transverse and descending arches of the colon, and their attached mesentery. The substance of the tumour, aside from the natural parts contained in it, was an immense lobulated scirrhus. On carefully dissecting the tumour, it was found that while the scirrhus enveloped completely the portions of the bowel passing through its substance, it did not diminish or sensibly encroach upon the natural dimensions or calibre of the gut, but so encased it, as to render any considerable amount of peristaltic motion next to impossible; this portion of the intestine was quite full of the ordinary half digested ingesta above the artificial anus, and below it contained only the products of elimination and some gas. The lower two-thirds of the ileum, the caput cæcum, and ascending arch of the colon were not in any way implicated.

The substance of the tumour presented carcinoma in all its stages of scirrhus and cephaloma. The scirrhous portions varied from a series of light straw-coloured tumours, of various sizes, to the firm, hard, gray, and gristly tumours as large as goose eggs. Many parts of the encephaloid portions presented the appearance of broken-down and crumbled cheese, and these seemed to be enlarged mesenteric glands, and formed the principal distinct lobes of the tumour. On examining carefully the seat of the openings in the ileum, I found that one of these lobes had softened, and taken on ulcerative action, which extended itself in all directions equally, and a convolution of the ileum being in its way, it was opened on its anterior surface, and the contents were admitted into the cavity filled with matter from the softened mass. The extensive adhesions and agglutinations of the parts to the anterior wall of the abdomen preventing any escape into the peritoneal cavity, the accumulating matter was thus directed to the surface where it finally escaped. The right kidney seemed healthy enough, but the left was so surrounded by, and pressed upon, the dense substance that it was reduced in size fully one-half, but did not appear to be in the least affected with the invasion of cancerous deposit. No part of the intestinal canal presented any traces of disease, save where the opening occurred in the ileum, and there was but one opening in the ileum, the size of a dime, and both the openings through the integuments communicated with it, the pus having dissected its way under the fascia of the abdomen, and pointed at two places. The stomach was entirely free from disease, as were also the liver, spleen, and pancreas. But it was in the mesentery that the disease seemed to have had its chief seat and development.

The whole of the mesentery, connected with that portion of the bowel implicated, was a mass of carcinomatous matter, but the portion of mesentery attached to the healthy intestine was itself healthy. In the diseased portion of the mesentery, the deposit or development of the cancerous matter was chiefly between the folds of the peritoneum, which were distended, or rather separated from each other, until the peritoneum was thrust away from the posterior wall of the abdomen over the spine and on its left side, and also deflected from the intestines themselves, until only about one-third, and that of course the anterior surface of the bowel, had any peritoneal covering at all. A great number of tumours were found along the whole course of the spine, where the peritoneum had been pushed forward by their growth.

The surface of the peritoneum was entirely free from any deposit, and where the main body of the tumour was in contact with the anterior wall

of the abdomen, the peritoneum seemed merged in a common blending of all the tissues, and, perhaps, in some places, lost by absorption or ulceration, but not to any appreciable extent the seat of deposit.

Death during Convalescence in Typhoid Fever from over-eating. By JAS. L. ORD, M. D., of Santa Barbara, California.

CASE 1.—A young man aged 20, a native Californian, had a severe attack of typhoid fever of about six weeks' duration. By giving several times a day large doses of quinia, with calomel gr. x, and tart. antim. gr. j, every third or fourth day, he recovered so far as to be able to walk about the house; although very weak, still taking tonics. Charged his attendants to give him a small allowance of digestible food with a glass of wine at a meal, four times daily, which was strictly obeyed for a short time. One day he complained to his mother of not having enough to eat, and begged her to give him as much as he could eat at one time. She very naturally assented, and cooked for him a large dish of dried codfish and potatoes mixed with eggs and fried in fat, of which he ate very plentifully. This was in the afternoon. Next morning I was sent for in a great hurry, and was informed by the messenger that my patient was dying—that he had been vomiting for several hours, and that if I did not hurry he would be dead before I reached him. Sure enough, when I arrived I found him in *articulo mortis*. No post-mortem examination was made.

CASE 2.—A young man aged 25, a native Californian, was sick several weeks with typhoid fever. Got so well that he walked about the house, and sometimes would visit the nearest neighbours, yet quite feeble and taking tonics. He was told to restrain himself from eating too much at a time, and to eat such food as he could digest easily. His appetite was ravenous, and he often complained of not eating sufficient to satisfy his hunger. One afternoon he visited a friend near by, and was induced to remain for supper. His host told him, very imprudently, not to starve himself, but to eat as much as he wanted; that he would soon be well, and never mind what the doctor said. He did eat plentifully of the supper, such as it was—roast beef and fried beans. The consequence was that he brought on enteritis, and in forty-eight hours he was a corpse.

DOMESTIC SUMMARY.

Ligation of the Subclavian Artery.—Dr. H. N. BENNETT relates (*Am. Med. Times*, Dec. 27, 1862) the following. A man 20 years of age, while playing with a lad, was accidentally stabbed with a long narrow knife, the point of which entered upon the posterior and outer face of the left arm, a short distance above the insertion of the deltoid, passing directly upwards and inwards, a distance of at least three inches, the edge of the knife being turned towards and running close upon the bone. My friend, Dr. James Baldwin, of Stratford, was immediately called, as the hemorrhage was profuse. Upon his arrival the patient was already faint from loss of blood, and it was not difficult at this time to arrest the bleeding. A roller was very judiciously applied the whole length of the limb, and a firm compress over the wound. This precaution was taken as the blood appeared to be arterial, and Dr. Baldwin is quite positive that at this time there was no pulsation in the radial artery, leading him to suspect that this vessel was wounded. The hemorrhage remained quiescent several days, when it again broke out with renewed force, and unmistakably arterial. At this stage of the case I first saw the patient. The whole limb was now swollen, the arm being to a considerable extent infiltrated with blood, while the